

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: ORAL FORMULATIONS OF CLADRIBINE

Attorney Docket Number:: 033935-021

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 1

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Nicholas

Middle Name:: S.

Family Name:: BODOR

Name Suffix::

City of Residence:: Bal Harbour

State or Province of Residence:: Florida

Country of Residence:: United States

Street of Mailing Address:: 10225 Collins Avenue  
Unit 1002/1004

City of Mailing Address:: Bal Harbour

State or Province of Mailing Florida

Address::

Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 33154

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Yogesh

Middle Name::

Family Name:: DANDIKER

Name Suffix::

City of Residence:: Welwyn Garden City Herts

State or Province of Residence::

Country of Residence:: Great Britain

Street of Mailing Address:: 17 New Road, Digswell

City of Mailing Address:: Welwyn Garden City Herts

State or Province of Mailing Address::

Country of Mailing Address:: Great Britain

Postal or Zip Code of Mailing Address:: AL6 OAE

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/US2004/009387	March 26, 2004
PCT/US2004/009387	Claims benefit under 35 U.S.C. §119(e) of	60/458,922	March 28, 2003
PCT/US2004/009387	Claims benefit under 35 U.S.C. §119(e) of	60/484,756	July 2, 2003
PCT/US2004/009387	Claims benefit under 35 U.S.C. §119(e) of	60/541,247	Feb 4, 2004

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
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## **Assignee Information**

<b>Assignee Name::</b>	IVAX CORPORATION
<b>Street of Mailing Address::</b>	4400 Biscayne Boulevard
<b>City of Mailing Address::</b>	Miami
<b>State or Province of Mailing Address::</b>	Florida
<b>Country of Mailing Address::</b>	United States
<b>Postal or Zip Code of Mailing Address::</b>	33137